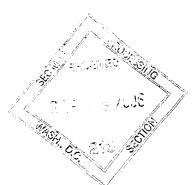
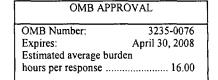
FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION





Name of Offering (check if this Quellos Real Assets II (Parallel), L		-	ate change.)	- ·	. •
Filing Under (Check box(es) that app		□ Rule 505	☑ Rule 506	☐ Section 4(6)	□ ULOE
Type of Filing: ☐ Nev	w Filing		· · · · · · · · · · · · · · · · · · ·		
	A. BASIC I	IDENTIFICATIO	ON DATA		
1. Enter the information requested a	bout the issuer				
Name of Issuer (☐ check if this is ar Quellos Real Assets II (Parallel), I		· ·	change.)		
Address of Executive Offices 601 Union Street, 56th Floor, Seatt		t, City, State, Zip Coo	le.) Telephone (206) 613-	Number (Including 6700	Area Code)
Address of Principal Business Opera (if different from Executive Offices)		t, City, State, Zip Coo	de) Telephone	Number (Including	Area Code)
Brief Description of Business					
Private Investment Fund				<u> </u>	nulessen
Type of Business Organization ☐ corporation ☐ business trust	☑ limited partnership, ala ☐ limited partnership, to	•	□ other (please specify):	SEP 2 7 2006
Actual or Estimated Date of Incorpo Jurisdiction of Incorporation or Orga	anization: (Enter two-lett	0 3 0 6 ter U.S. Postal Service a; FN for other foreig		Estimated tate:	THOMSON FINANCIAL E

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number. ORIGINAL

SEC 1972 (6-02)

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

 Each general and managing j 	partner of partners	hip issuers.				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	Ø	General and/or Managing Partner
Full Name (Last name first, if ind Quellos GP, LLC	ividual)					
Business or Residence Address 601 Union Street, 56 th Floor, Se		treet, City, State, Zip Code 98101	e)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	<u> </u>	General and/or Managing Partner
Full Name (Last name first, if ind Quellos Capital Management, I	,					
Business or Residence Address 601 Union Street, 56 th Floor, Sea		treet, City, State, Zip Cod 98101	e)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☑ Director		General and/or Managing Partner
Full Name (Last name first, if ind Clarvit, Charles I.	ividual)					
Business or Residence Address 667 Madison Avenue, 25 th Floor	•	treet, City, State, Zip Code 21	e)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☑ Director		General and/or Managing Partner
Full Name (Last name first, if ind Greenstein, Jeffrey I.	ividual)					
Business or Residence Address 601 Union Street, 56 th Floor, Se	•	treet, City, State, Zip Code 98101	e)			-
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☑ Director		General and/or Managing Partner
Full Name (Last name first, if ind White, Bryan K.	ividual)					
Business or Residence Address 601 Union Street, 56 th Floor, Se		treet, City, State, Zip Cod 1 98101	e)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☑Director		General and/or Managing Partner
Full Name (Last name first, if ind Bontje, Norman D.	ividual)					
Business or Residence Address 601 Union Street, 56 th Floor, Se		treet, City, State, Zip Cod 98101	e)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	□Director		General and/or Managing Partner
Full Name (Last name first, if ind Bender, Marie M.	ividual)					
Business or Residence Address 601 Union Street, 56 th Floor, Se	attle, Washingtor					
	(Tina bianta abasa	t or convend use addition	1			

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

• Each general and managing	partner of partners	hip issuers.				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first, if ind McDonald, Eugene J.	ividual)					
Business or Residence Address 601 Union Street, 56 th Floor, Se		treet, City, State, Zip Code 98101	e)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first, if ind	ividual)					
Business or Residence Address	(Number and S	treet, City, State, Zip Code	e)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director		General and/or Managing Partner
Full Name (Last name first, if ind	ividual)					
Business or Residence Address	(Number and S	treet, City, State, Zip Code	e)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first, if ind	ividual)					
Business or Residence Address	(Number and S	treet, City, State, Zip Cod	e)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first, if ind	lividual)			-		
Business or Residence Address	(Number and S	treet, City, State, Zip Cod	e)			· · · · · · · · · · · · · · · · · · ·
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	□Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first, if ind	lividual)					
Business or Residence Address	(Number and S	treet, City, State, Zip Cod	e)			
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first, if ind	lividual)					
Business or Residence Address		treet, City, State, Zip Cod t, or copy and use addition		necessary.)		

				B. IN	FORMAT	TION AB	OUT OFF	ERING				
1. Has	the issuer so	old, or does t	the issuer in				stors in this on 2, if filing				Yes ☑	No
2. Wh	at is the mini	mum invest	ment that w	ill be accept	ted from any	individual	?	•••••				2,000,000*
 Does the offering permit joint ownership of a single unit? Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. 								*unles Yes ☑	s waived No □			
	me (Last nan	-						·				
	plicable.	ne mst, m	idividdai)									
	ss or Residen	ce Address	(Numbe	er and Stree	t, City, State	, Zip Code))					
			_		•				_			
Name o	of Associated	Broker or I	Dealer						_			
States i	n Which Per	son Listed H	Ias Solicited	or Intends	to Solicit Pu	irchasers						
(Che	ck "All State	s" or check	individual S	tates)	•••••						🗖	All States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full Na	me (Last nar	ne first, if in	idividual)									
Busine	ss or Residen	ce Address	(Numbe	er and Stree	t, City, State	e, Zip Code)					
Name o	of Associated	Broker or I	Dealer		.,							
States i	n Which Per	son Listed F	Ias Solicited	or Intends	to Solicit Pu	ırchasers			-			
(Che	ck "All State	s" or check	individual S	tates)	•••••				• • • • • • • • • • • • • • • • • • • •		🗆	All States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full Na	ıme (Last nar	ne first, if in	idividual)									
Busine	ss or Residen	ce Address	(Numbe	er and Stree	t, City, State	e, Zip Code)					
Name o	of Associated	Broker or I	Dealer				-					
States i	n Which Per	son Listed F	Jas Solicited	or Intende	to Solicit Pr	ırchasers				·		
									•••••			All States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.					
	Type of Security		Aggregate Offering Price	Ar	nount Alread Sold	у
	Debt	\$	0	\$		0
	Equity	\$	0			0
	□ Common □ Preferred					
	Convertible Securities (including warrants)	\$. 0	\$		0
	Partnership Interests			\$	16,000,00	— 0
	Other (Specify)					_ 0
	Total				16,000,00	<u>10</u>
	Answer also in Appendix, Column 3, if filing under ULOE.					
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."					
			Number Investors		Aggregate ollar Amoun of Purchases	-
	Accredited Investors	_		\$_		<u>0</u>
	Non-accredited Investors					0
	Total (for filings under Rule 504 only)	-	N/A	\$	N/A	<u>1</u>
	Answer also in Appendix, Column 4, if filing under ULOE.					
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.					
	T		Type of	D	ollar Amoun	t
	Type of Offering		Security	_	Sold	
	Rule 505	_		\$.	0	-
	Regulation A			\$.	(-
	Rule 504	_		\$.		1
	Total	_	<u>N/A</u>	\$.	(_
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.					
	Transfer Agent's Fees			\$		n
	Printing and Engraving Costs			\$ \$		0
	Legal Fees		\text{\O}	\$	33,3	
	Accounting Fees		☑	\$ \$	16,6	
	Engineering Fees			\$	10,0	0
	Sales Commissions (specify finders' fees separately)		_	\$ \$		0
	Other Expenses (identify)			\$		0
	Total		<u> </u>	\$ \$	50,0	
	10:41		T.	-	20,0	

C. OFFERING PRICE, NUMBE	R OF INVESTORS, EXPENSES AND	USE OF	PROCE	EDS	
 Enter the difference between the aggregate o Question 1 and total expenses furnished in re difference is the "adjusted gross proceeds to 				\$	unlimited
5. Indicate below the amount of the adjusted gross proc for each of the purposes shown. If the amount for any check the box to the left of the estimate. The total gross proceeds to the issuer set forth in response to Pa	y purpose is not known, furnish an estimate and of the payments listed must equal the adjusted				
		Officers,	ents to Directors filiates		ments To Others
Salaries and Fees	,,,,	□ \$	_0	□ \$	0_
Purchase of real estate		□ \$	0		0
Purchase, rental or leasing and installation of machin		-			0
Construction or leasing of plant buildings and facilit					0
Acquisition of other businesses (including the value be used in exchange for the assets or securities of an	of securities involved in this offering that may	□ \$			0
Repayment of indebtedness		□ \$	0	□ \$_	0
Working capital					0
Other (specify) <u>Investment in securities</u>					unlimited
Column Totals					unlimited
Total Payments Listed (column totals added)				unlimite	
	D. FEDERAL SIGNATURE		· · · · · · · · · · · · · · · · · · ·		
The issuer has duly caused this notice to be signed by the signature constitutes an undertaking by the issuer to furninformation furnished by the issuer to any non-accredited	sh to the U.S. Securities and Exchange Commiss investor pursuant to paragraph (b)(2) of Rule 50	ion, upon v	vritten requ		
Issuer (Print or Type) Quellos Real Assets II (Parallel), L.P., on behalf of Quellos Diversified Portfolio	Signatura		Date Septe	ember 11	, 2006
Name of Signer (Print or Type) By: Quellos GP, LLC, its general partner By: Quellos Capital Management, L.P.	Title of Signer (Print or Type) Non-member Manager of General Partner				
Name of Signer (Print or Type) Marie M. Render	Title of Signer (Print or Type) General Counsel				
Marie M. Bender	General Counsel ATTENTION			*****	

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)